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Bib Data Sheet

CONFIRMATION NO. 2653

SERIAL NUMBER 10/086,154	FILING DATE 02/26/2002 RULE	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 8071	
APPLICANTS James C. Y. Chow, Mount Vernon, IL;					
** CONTINUING DATA ***** NONE FHD					
** FOREIGN APPLICATIONS ***** NONE FHD					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 04/02/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>FHD</u> Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
ADDRESS 001688					
TITLE Carpal tunnel splint for wear during non-working periods					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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